

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Wasatch Behavioral Health

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Early Intervention		Program Manager Holly Watson	
Form B - FY23 Amount Budgeted:	\$99,589	Form B - FY23 Projected clients Served:	200
Form B - Amount Budgeted in FY22 Area Plan	\$72,072	Form B - Projected Clients Served in FY22 Area Plan	195
Form B - Actual FY21 Expenditures Reported by Locals		Form B - Actual FY21 Clients Served as Reported by Locals	
Describe local authority efforts to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).			
WBH utilizes the SASSI and the RANT for all individuals who come in for a substance use evaluation and screening, when they have received a DUI. We also recommend for individuals whose SASSI and ASAM scores indicate early intervention or limited treatment to take Prime for Life Classes offered at the following: Utah DUI, Life Stone Group, Capstone Counseling, MATR, Addiction & Psych Services, Suncrest Counseling in English and Spanish as well as youth under 21.			
Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.			
WBH utilizes SASSI, ASAM and RANT screening tools. In our Youth and Young Adult Program (YAP) we utilize the Seven Challenges curriculum to engage with them in IOP and GOP. If a youth requires a residential level of care, WBH contracts out for this service. This evidence-based program works with the young developing minds to help them practice and use their executive functioning skills to make healthier choices for them and their future. We also work with youth, young adults and adult programs using an individualized mix of group, individual therapy, case management and recovery support services. Clinical practices and modalities include Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Seeking Safety, Moral Reconation Therapy (MRT), Smoking Cessation, Eye Movement and Desensitization and Reprocessing Therapy (EMDR), ASAM Placement Criteria, and DLA. We also utilize our 24 hour Receiving Center and MCOT teams to manage, and triage crisis intervention services. While these treatments are seen as interventions, we also view them as preventative, therapeutic and educational. WBH also utilizes family therapy and services to			

individuals in a family that might be impacted by one of their family members using substances or misusing alcohol.

Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.

WBH coordinates with Utah Valley Hospital to participate in IV PICC Line support for individuals with infections due to IV drug use. UVH will initiate treatment, and then ongoing treatment will be monitored by WBH staff and we will work to engage these individuals in services as we treat them. WBH also works with Mountainlands clinics which are embedded in our Westpark Family Clinic and at the Food and Care Coalition.

WBH participate in the Suicide Prevention Coalition for Utah County, and participates with each district to provide Suicide Prevention, Intervention and Postvention when needed. For example, because of our relationship with all 3 school districts we, we are contacted in almost any case of a tragic event, or a death by suicide. We provide Postvention and crisis debriefing to both students and faculty in the schools. These interventions (crisis debriefings, psychological support, postvention) are prevention involvement that helps prevent suicide contagion and trauma support. (Also Refer to Form A)

WBH has clinicians in every district in Utah County, and provides education for prevention on a case-by-case basis as well as information and education to the school on prevention and intervention. WBH refers youth to our SUD program when indicated.

Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.

WBH participation in the IV PICC line monitoring is one place we are working to engage a highly vulnerable population in our community. We also work with various public and private probation programs to support clients on probation or going through the criminal justice, and juvenile justice systems. We have WBH clinicians in all school districts who refer clients to our services as needed.

Describe efforts to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

WBH assists clients in application processes for public and private health insurance. Our case managers Collaborate, coordinate care and link clients to services with healthcare providers, and the Department of Workforce Services. WBH also works with our clients to navigate other systems they may be involved in including Juvenile and Criminal Justice Systems, DCFS, People with Disabilities Division, and any other services that will help our clients improve their daily functioning and quality of life.

Describe activities to reduce overdose.

- 1. educate staff to identify overdose and to administer Naloxone;**
- 2. maintain Naloxone in facilities,**
- 3. Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.**

Each of our Substance Use Programs have been trained in the use of Naloxone, and we provide Naloxone kits as needed within our community.

Describe any significant programmatic changes from the previous year.

None

2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D)

Holly Watson

Form B - FY23 Amount Budgeted:	\$612,291	Form B - FY23 Projected clients Served:	239
Form B - Amount Budgeted in FY22 Area Plan	\$339,913	Form B - Projected Clients Served in FY22 Area Plan	233
Form B - Actual FY21 Expenditures Reported by Locals	\$332,461	Form B - Actual FY21 Clients Serviced as Reported by Locals	132

Describe the activities you propose to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

Social detoxification is provided at Foothill Residential Treatment Center (FHR). There is capacity for 8 general detox clients and one dedicated detox bed for emergency room referrals. Services include a general health assessment, screening for infectious disease, screening/education regarding Medication Assisted Treatment such as Naloxone and Methadone, a referral for follow up services with MAT, monitoring of vital signs, social support, nursing care and medication management, tobacco cessation screening and support, case management, and an assessment and referral for follow up care and treatment. These services are provided by Wasatch Behavioral Health staff. We are working with Intermountain Healthcare's Intervention team to reduce Acute Care Transfers to implement detox and/or treatment services for their IVDU PICC line clients who are receiving intravenous antibiotics. These services are provided by WBH in partnership with Utah Valley Hospital (UVH). The PICC line program is a collaboration between Intermountain Healthcare and Wasatch Behavioral Health to provide a safe disposition to patients who inject drugs and require parenteral antibiotics for treatment of their infection.

Once stabilized in the hospital setting, qualified patients will be discharged to one of the treatment facilities where they will be provided with food and board, access to counseling groups, a case worker and transportation to medical appointments.

As part of our contract with the community partner, Intermountain Homecare will provide intravenous antibiotics, physical therapy and wound care if needed.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WBH has increased the budget for social detox with Medicaid now approving payment for this service.

Describe any significant programmatic changes from the previous year.

A significant change is the ability to collaborate with the mental health side of the treatment team due to the merge. This has allowed us to have clients evaluated for mental health issues along with substance use issues more seamlessly. This has resulted in better overall care of the clients.

If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?

If clients seek services outside of WBH, we have no way of knowing that. [This service will be paid for out of Federal, State, and County funds in addition to a bed rate for social detox at Foothill Residential.](#)

3) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)

Shanel Long

Form B - FY23 Amount Budgeted:	\$3,167,972	Form B - FY23 Projected clients Served:	325
Form B - Amount Budgeted in FY22 Area Plan	\$2,600,581	Form B - Projected Clients Served in FY22 Area Plan	315
Form B - Actual FY21 Expenditures Reported by Locals	\$2,563,729	Form B - Actual FY21 Clients Serviced as Reported by Locals	535

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).

Long-term residential treatment services to residents of Utah County are contracted with Odyssey House, House of Hope (addressed specifically in Section 13 WTA and WTX), and First Step House for low, medium and high intensity residential SUD treatment. Adult and youth eligibility referrals are completed on a case-by-case basis with prior approval for WBH. The contracted services will consist of individual, group, family psychotherapy and individual skills training and development. Since there is not a residential youth treatment agency in Utah County, we work closely with Odyssey House in Salt Lake City who provides residential treatment for Utah County youth. [Census numbers in each agency range from 0–5 at any given time.](#) We use these programs when we have dual relationship issues between staff and clients and the clients need a higher level of care, or when longer term treatment is indicated based on progress or severity.

Foothill Residential Treatment Center (FHR) – Level III.5 High Intensity Residential - Direct service provided by WBH.

Capacity: 22 Residential and 10 detox

Foothill offers a structured environment with intensive services to stabilize individuals with moderately severe symptoms of Substance Use Disorder (SUD). Interventions target foundations of relapse prevention skills and identifying recovery supports (including needs and barriers). Services include comprehensive behavioral health and recovery support needs assessment, treatment planning, case management, smoking cessation, Medication Assisted Treatment (MAT), evidenced-based individual and group therapy, nursing services/medication management, and relapse prevention. Assessment tools include ASAM and DLA 20. At discharge, clients will be engaged to follow-up with outpatient treatment. Foothill has embraced contingency management to help reinforce behavioral changes. Foothill has also increased behavioral interventions to include more positive reinforcements by

recognizing positive behavior and recovery-oriented behaviors. The length of stay for Foothill Residential is generally 45-90 days. Length of stay does vary based on clinical need and ASAM criteria. ASAM's are conducted every 2 weeks to assess appropriate level of care. Foothill is currently reviewing and updating the curriculum of the program to ensure the use of evidence-based practices. Foothill continues to include clinical services by licensed staff 7 days a week. All clients at Foothill are assigned to a case manager to link, assess and coordinate resources that include access to Medicaid, food stamps, medical and dental care, housing application assistance, assistance with the legal system, and recovery residence. At discharge, clients will be engaged to follow-up with outpatient treatment.

House of Hope: ASAM III.3

Capacity: 12 women, 25 children

WBH contracts with House of Hope in Provo for long-term residential treatment for women with dependent children.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WBH has increased the budget with Medicaid now paying for this service

Describe any significant programmatic changes from the previous year.

Creating a supportive therapeutic environment where options to change behavior are explored and are more likely to occur. Provide a safe place for clients who might otherwise have a negative effect on themselves or society without treatment. Create a continuum of care for clients to follow for the best possible chance at recovery.

4) Opioid Treatment Program (OTP-Methadone)

VaRonica Little

Form B - FY23 Amount Budgeted:	\$666,752	Form B - FY23 Projected clients Served:	274
Form B - Amount Budgeted in FY22 Area Plan	\$576,502	Form B - Projected Clients Served in FY22 Area Plan	260
Form B - Actual FY21 Expenditures Reported by Locals	\$422,231	Form B - Actual FY21 Clients Serviced as Reported by Locals	111

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.

WBH does not directly provide methadone ASAM level 1 treatment but has a long-standing contractual relationship with Project Reality in Provo. However, WBH is in the process of becoming an OTP program for methadone treatment. Essentially Project Reality will no longer be providing this service in Utah County and WBH will be taking over this function. The name of the clinic will be: Wasatch Behavioral Health Center for Opiate Recovery (COR). Anticipation of this change over and service will be July 2022 or sooner if possible. Counseling services will continue in the same location and with most of the same staff from Project Reality. Dosing services are provided from 5:30 am-9:30 am seven days a week in the Health and Justice Building, Suite 1400. In addition, WBH has a contract with other OTP's in Utah County and will authorize treatment in those settings if the clients are better served

there.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The funding and the number of clients served will essentially be the same just provided in house rather than contracted out.

Describe any significant programmatic changes from the previous year.

Yes See above

5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine) VaRonica Little

Form B - FY23 Amount Budgeted:	\$423,439	Form B - FY23 Projected clients Served:	108
Form B - Amount Budgeted in FY22 Area Plan	\$328,654	Form B - Projected Clients Served in FY22 Area Plan	100
Form B - Actual FY21 Expenditures Reported by Locals	\$267,127	Form B - Actual FY21 Clients Served as Reported by Locals	227
Describe activities you propose to ensure access to Buprenorphine and Naltrexone (including vivitrol) and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.			
WBH provides Medication Assisted Treatment (MAT) for clients diagnosed with alcohol use disorders using Vivitrol and Naltrexone, and using Buprenorphine, Suboxone, Subutex, and Sublocade for those with opiate use disorders. Services are provided at our main office in Provo, American Fork, and at Foothill Residential. We also have a contract with Kick the Habit Addiction Medicine for MAT services. CONTRACTED PROVIDER: Kick the Habit Addiction Medicine - Dr. Joel Bush			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
The difference between SOR and STR is negligible, so we expect no difference in the services provided. However, Medicaid Expansion has made it possible to serve more clients, but it is unclear how much this will increase or decrease funding with any confidence or accuracy.			
Describe any significant programmatic changes from the previous year.			
None			

6) Outpatient (Non-methadone – ASAM I)

Shanel Long

Form B - FY23 Amount Budgeted:	\$2,446,070	Form B - FY23 Projected clients Served:	461
Form B - Amount Budgeted in FY22 Area Plan	\$1,325,59	Form B - Projected Clients Served in FY22 Area Plan	442
Form B - Actual FY21 Expenditures Reported by Locals	\$1,391,364	Form B - Actual FY21 Clients Serviced as Reported by Locals	706
<p>Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.</p>			
<p>Direct service provided by WBH:</p> <p>Foothill Adult Outpatient Services Treatment Capacity: 22 Residential 10 Detox Day/Evening GOP – 64</p> <p>Promise of Women and Families Treatment Capacity:</p> <p>Promise Program 60 GOP, 32 children</p> <p>Co-Occurring Recovery Groups -- Direct Service Provided WBH GOP – 40.</p> <p>Young Adult Program (YAP) GOP 30</p> <p>Contracted Service:</p> <p>Average Length of Stay: Variable length of stay (range is typically 3-18 months; often longer for the Co-Occurring groups)</p> <p>Services Delivered: Clients participate in an individualized mix of group, individual therapy, case management and recovery support services. Clinical practices and modalities include Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Seeking Safety, Moral Reconation Therapy (MRT), Smoking Cessation, Eye Movement and Desensitization and Reprocessing Therapy (EMDR), ASAM Placement Criteria, DLA and others.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>			
<p>WBH is increasing the budget with the anticipation of having more clients on Medicaid</p>			
<p>Describe any significant programmatic changes from the previous year.</p>			
<p>The Promise North and South programs combined into a new site located at 290 East 930 South in Orem, Utah. WBH purchased a new building specifically for this program. The new building is close to bus lines and many other community services. This building will be a central location for the majority of our Utah County clients. Transportation and support with bus passes will also be offered for those with difficulty in getting to treatment.</p> <p>WBH will be expanding our GOP co-occurring services by adding additional groups for clients. Our efforts will also include working with therapists who have primarily served SUD or Mental Health clients</p>			

to develop a comfortability in working with individuals who have disorders in both areas. This will include ongoing training of the ASAM, improving our Evidence Based Practice Training around Motivational Interviewing and other Trauma Informed Care.

WBH provides SUD Outpatient services to include GOP for Young Adults ages 18-26. This programming utilizes the 7 Challenges framework and targets our Young Adults with age specific services and groups. Our hope is to grow this program to serve additional youth.

7) Intensive Outpatient (ASAM II.5 or II.1)

Shanel Long

Form B - FY23 Amount Budgeted:	\$2,292,140	Form B - FY23 Projected clients Served:	393
Form B - Amount Budgeted in FY22 Area Plan	\$2,276,552	Form B - Projected Clients Served in FY22 Area Plan	391
Form B - Actual FY21 Expenditures Reported by Locals	\$2,176,701	Form B - Actual FY21 Clients Served as Reported by Locals	547

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

All direct services provided by WBH:
Adult Outpatient Services
Day/Evening -- IOP, 32

Promise of Women and Families
Promise -- 40 IOP, 24 children
Young Adult Program 16 IOP

Average Length of Stay: Variable length of stay (range is typically 3-6 months)

Services Delivered: Clients participate in an individualized mix of group, individual therapy, case management and recovery support services. Clinical practices and modalities include: Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Seeking Safety, MRT, Dialectical Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Relapse Prevention, Eye Movement and Desensitization and Reprocessing Therapy, Smoking Cessation, ASAM Placement Criteria, DLA, and others.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

The Promise North and South programs combined into a new site located at 290 East 930 South in Orem, Utah. WBH purchased a new building specifically for this program. The new building is close to bus lines and many other community services. This building will be a central location for the majority of

our Utah County clients. Transportation and support with bus passes will also be offered for those with difficulty in getting to treatment.

WBH provides SUD Outpatient services to include IOP for Young Adults ages 18-26. This programming utilizes the 7 Challenges framework and targets our Young Adults with age specific services and groups. Our hope is to grow this program to serve additional youth and young adults.

8) Recovery Support Services

Thom Dunford

Form B - FY23 Amount Budgeted:	\$905,782	Form B - FY23 Projected clients Served:	151
Form B - Amount Budgeted in FY22 Area Plan	\$407,597	Form B - Projected Clients Served in FY22 Area Plan	243
Form B - Actual FY21 Expenditures Reported by Locals	\$828,672	Form B - Actual FY21 Clients Served as Reported by Locals	403

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link:
<https://dsamh.utah.gov/pdf/ATR/FY21 RSS Manual.pdf>

The following are the services provided by WBH staff: ATR AND PATR

Case Management/Individual Services coordination with Utah County Housing Authority and Provo City Housing authority, Tabitha's Way for food and general household supplies, Recovery Coaching, and Drug/Alcohol Testing.

MAT for PATR – Contract Provider

PATR Recovery Support/Life Skills Group – WBH Direct Staff

Peer Support Specialists - WBH Direct Staff

Residential and Outpatient Treatment - WBH Direct Staff and Contract Providers

Naloxone Kits & Training - WBH Direct Staff

Recovery Oriented System of Care – Direct Staff. WBH employs a case management model using principles of Recovery Oriented System of Care to monitor and provide ongoing recovery support to individuals who have completed clinical treatment. The goal is to provide various levels of assessed interventions to meet the needs of the client within the framework of continued support and recovery.

Services by Contracted Provider:

- Medication Costs
- Emergency/Transitional Drug Free Housing
- ID/Birth Certificate Documentation
- Food Handlers Permits
- Transportation costs to and from treatment, recovery support activities, or employment
- High School Diploma/ GED
- Complete Dental Service
- Resources for employment such as tools, clothing, certification/apprenticeships

- Recovery Residence
- Vocational Training

ATR Services are provided to a minimum of 151 parolees and 98 Drug Court clients.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase in cost for services and goods has prompted WBH to increase the cost to this budget.

Describe any significant programmatic changes from the previous year.

We are planning on adding a full commercial kitchen and 9 more residential beds to Foothill Residential Treatment. This is still in the architecture and planning phase, but we are hoping to start construction sometime in 2023.

9) Peer Support Services-Substance Use Disorder

Thom Dunford

Form B - FY23 Amount Budgeted:	\$179,594	Form B - FY23 Projected clients Served:	110
Form B - Amount Budgeted in FY22 Area Plan	\$150,012	Form B - Projected Clients Served in FY22 Area Plan	103
Form B - Actual FY21 Expenditures Reported by Locals		Form B - Actual FY21 Clients Served as Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Peer Support Specialists provide advocacy, linkage to community resources (employment, housing, transportation, social supports, etc.). They will share their own experience to promote engagement, hope and support for individuals with treatment programs and in the community. Services will be delivered in the community, treatment programs, and clients' homes by WBH. Peers teach weekly Early Recovery Skills (ERS) groups which act as an orientation for new clients. Peers also help with obtaining GPRA's and track which clients are in need of an updated GPRA. The GPRA information is then input to the State's database.			
Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?			
Clients are referred to Peer Support Specialist services during the intake process, during treatment at any stage (GOP, IOP, Residential, Detox) as well as whenever a therapist or case manager makes a recommendation. Peer Support Specialists have increased their number of Early Recovery Skills groups from one to three due to the increase of clients attending.			

Please attach policies and procedures for peer support including peer support supervision and involvement at the agency level.

This is being worked on in conjunction with Pam Bennett from OSUMH and agreed upon by Brent Kelsey

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided(15% or greater change).

WBH is hoping to hire and keep peer support specialist employed with that anticipation the budget has been increased.

Describe any significant programmatic changes from the previous year.

None

10) Quality & Access Improvements

Shanel Long

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?

We have wait lists for most levels of care, however, the wait time is typically brief in outpatient programs. We started an 'Early Recovery Skills' group for individuals waiting for an assessment/treatment or for those in early recovery. At this time, there are three weekly ERS groups to accommodate the high demand for this service. Additionally, we have added increased case management services from the screening case manager for individuals on waiting lists. The following will increase access to treatment: rapid access to MAT both for incarcerated individuals and community members, use of peer support specialists, case managers focused on completion of necessary applications for medical insurance and Medicaid at first contact, organizational restructuring of workflow/responsibilities (including the use of case managers, increased access to scheduling, productivity standards for treatment staff, etc.). As we combine our efforts to treat both Substance Use and Mental Health, we will increase access points for assessments in treatment throughout the County. Additionally, the ability to focus our interventions on integrated care will improve services for adult and youth residents.

Describe efforts to respond to community feedback or needs. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

WBH has improved our web page and combined substance use disorders and mental health. WWW.wasatch.org. We now have a social network presence on Facebook, Twitter, and Google. Our data manager, Clinical Information System office, and clinical staff have been identifying and updating online service directories such as Utah211.org with our most current information.

WBH promotes services via participation in community events such as the behavioral health awareness night held at UVU, having a booth at the UVU conference on addictions, community town hall meetings and community overdose awareness/naloxone trainings. WBH has updated their brochures to provide more information regarding the program and staff.

Our efforts to market and promote our services come primarily from interagency collaboration, such as attending meetings with JJS, Courts, DCFS, local law enforcement, school districts, AP&P, attorneys, etc. We also co-sponsor training such as the annual UVU Addictions Conference, and we attend as many academic program activities as we can (practicum fairs, guest lectures, various boards, graduations, etc.) WBH provides consultation and education services to the following agencies, organizations, and groups: The 15 law enforcement agencies in Utah County, including Utah County Sheriff's Department, and BYU and UVSC Security, Utah State Division of Child and Family Services (DCFS), Utah State Department of Youth Corrections (DYC), Utah State Hospital (USH), Children's Justice Center (CJC), Division of Services for People with Disabilities (DSPD), Hope4Utah, Nebo School District and schools, Provo School District and schools, Provo School District "Hope for Tomorrow" suicide prevention program, Alpine School District and schools, Division of Work Force Services, Utah County Health Department, Provo City Housing Authority, Utah County Housing Authority, Youth Services Multi-agency staffing, Utah County Children's Justice Center-Advisory Board and multidisciplinary staffing, Community Action, Food and Care Coalition, Fourth District Juvenile Court, DCFS 24-hour staffing, DCFS Adoption Placement Meeting, DCFS Adoption Subsidy Meeting, Utah Family Coalition, Provo Early Education Program (Head Start), Kids on the Move, Kids who Count, Mountainland Head Start, Early Head Start, Social Security, Medicaid, Partners for Infants and Children (PIC), Autism Council of Utah, Autism Resources of Utah County, Utah Association for Infant Mental Health (UAIMH), Polaris Alternative High School (Provo), BYU Department of Social Work, BYU Department of Marriage, and Family Therapy (MFT), BYU Department of Marriage, Family, and Human Development (MFHD), UVU Department of Social Sciences, University of Utah Graduate School of Social Work, and Communities that Care in Provo.

WBH Children/Youth Services participates in children's and family health fairs and awareness events throughout Utah County such as Utah County Health Department Children's Health Fair, Mental Health Awareness Night at BYU, elementary school health fairs, community health fairs, HOPE Task Force Suicide Prevention Walk and Conference.

WBH Children/Youth Services staff makes presentations at UVU, BYU, U of U, high schools and junior high schools throughout the county and church groups.

WBH provides C&E services to all Utah County groups, organizations, and agencies based on financial capacity and staff time availability. Those in crises, partner agencies, and families are given first priority.

The following represent some types of collaboration and support services provided:

United Way - WMH is involved in a joint venture with a residential facility funded through United Way, Alpine House. WBH provides day treatment and case management services for clients there. A WBH staff member serves on the Citizen Review Panel and consults with the house parents. WBH staff provide training in college and university classes at Brigham Young University and Utah Valley State College. A staff member attends the Utah County Chapter of the National Alliance on Mental Illness twice monthly as liaison between the two organizations. Church, business, and youth groups use WBH for training purposes on mental health and substance use issues.

What evidence-based practices do you provide? Describe the process you use to ensure fidelity?

Please see lists of EBPs in 6 and 7 above and 13, 14, and 15 below. WBH will receive ongoing skills training in clinical supervision to practice evidenced-based interventions. All staff received training in Motivational Interviewing by a MINT certified trainer, Dr. David Wood. Clinical staff received 24 hours and support staff received 8 hours. Our clinical staff are participating in WBH's supervision and fidelity

monitoring structure.

Clinical practices and modalities include: Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Seeking Safety, MRT, Dialectical Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Relapse Prevention, Eye Movement and Desensitization and Reprocessing Therapy, Smoking Cessation, ASAM Placement Criteria, DLA, and others.

Describe your plan and priorities to improve the quality of care.

All clinical staff receive consultation/clinical supervision. Depending on their license, experience and need, staff will participate in weekly to monthly supervision (either 1:1 or group). All staff also receive up to 5 days of training time included in their work year, and \$500 towards training.

WBH will work to establish improved services for individuals with Co-occurring Disorders by training clinicians to the ASAM, adding co-occurring GOP groups, and increasing the number of clients who attend as well as working with IOP clients to allow them to attend Mental Health groups as part of their IOP treatment time. [WBH now has a UA Lab CLIA certified](#). This will allow us to bill Medicaid for UA's. This will allow us to also provide pregnancy tests for women who are using substances. WBH has reworked our sliding fee scale to better support our clients from all socioeconomic levels. We have increased our services to include programming geared specifically toward Young Adults and individuals with co-occurring disorders.

In FY 2023, we will be using the DLA-20s, a treatment tool and outcome measure. We will also be participating in using the SURE outcome tool as it is operationalized through the DSAMH and integrated into our EMR.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

In FY2023 WBH will continue to utilize telehealth options especially for therapy and case management services. We will use OQ and soon to be SURE to help measure outcomes.

Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?

In FY2023 WBH will continue to utilize telehealth options especially for therapy and case management services.

11) Services to Persons Incarcerated in a County Jail or Correctional Facility [Thomas Dunford](#)

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

OUT WATCH JRI COMBINATIONS AND LAW ENFORCEMENT

Services are provided by WBH within the Utah County Security Center (jail) in Spanish Fork – the only jail facility in Utah County. On Unit Treatment Program (OUT) is a 90 day program that was restructured to meet criminogenic needs of clients with a capacity of 20 males and 20 females consistent with research from the SAMHSA GAINS Center and through consulting, education, and ongoing web based training funded by BJA and provided by Advocates for Human Potential through a contract. Individualized case management plans are built around housing, medical, employment and transition of

care within community programs.

The goal of the Utah County Jail's substance use and mental health service delivery system is to ensure psychiatric stability while incarcerated, and to prevent deterioration that might lead to harming self or others. Quality mental health and substance use services in the jail, prevents deterioration of the mentally ill inmate and reduces the potential for more intensive and restrictive forms of treatment including hospitalization, isolation, and/or seclusion. WBH provides the jail with one psychiatric prescriber who conducts one 8 hour mental health clinic each week. There is also a psychiatric prescriber available on-call for emergencies. WBH provides the jail with 2 full time licensed mental health therapists and 4 part-time therapists who assist in crisis evaluation, treatment coordination and discharge planning for continuity of care post-incarceration. WBH and the Utah County Jail provide discharge planning for inmates. This filled a gap that existed in our community contributing to inmate recidivism.

The On Unit Treatment Program (OUT Program) has been designed to provide substance use treatment, life-skills training, cognitive distortion awareness, and educational and therapeutic interventions in a structured setting within the Utah County Jail. Inmates are involved in daily group, individual therapy and case management services from 9-11 AM and 1-4 PM. The Utah County OUT Program has used a Cognitive Behavior, MRT, and Relapse Prevention Model of treatment. This skill-building model emphasizes the 8 criminogenic factors and employs a risk, need, responsivity model.

With the shortage of OUT program staff, two JTP case managers and two UVU interns are assisting with teaching groups in the Utah County Jail. Nearing OUT program completion, OUT clients are referred to JTP and WATCH programs located at the Food and Care Coalition where they can continue treatment and receive assistance with obtaining resources. [We have the same employee's \(Case Managers and Therapists\) that are working in both places to enhance continuity of care both inside and outside the Jail.](#)

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WBH expects no change in funding or individuals served due to time constraints and space in the jail. The majority of the funding for this program comes from County General Fund dollars.

Describe any significant programmatic changes from the previous year.

None

Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).

Currently, Utah County Jail provides MAT to pregnant women coming into jail who are actively using opiates. We also have a verbal agreement with the medical staff at the jail that those in Drug Court currently on MAT can continue on MAT if they are put in jail for a violation. The jail will also provide withdrawal service for those coming off of alcohol or benzodiazepines.

The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expand SAPT block grant dollars in penal or correctional institutions of the State.

We don't use SAPT block grant monies for Jail Services.

12) Integrated Care

Shanel Long

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers. Please include a list of community agencies you partner with to provide integrated services.

WBH provides on-going support to the health department ACO's and FQHC's. We currently have contracts with Provo City Housing and Utah County Housing Authority. WBH has long established collaboration/referrals with Mountainlands Community Health Center, Community Health Connect, the Food and Care Coalition for dental services, Utah County Health Department for Smoking Cessation, Hepatitis C testing and referral, HIV/STD testing and referral, WorkForce Services for Medicaid eligibility and enrollment, the Utah County Volunteer Care Clinic, and Vocational Rehabilitation to assist clients with referrals for more major health assessments and short-term prescription help. We continue to provide Mountainlands Community Health Center expanded SUD screening and treatment to their clients served at the Food and Care Coalition in Provo with treatment provided by our clinical staff. One of the great benefits of Medicaid Expansion is that, for possibly the first time in their adult lives, most of our clients will have access to medical care. Our case managers educate clients on appropriate use of the healthcare system (avoid ER use when not strictly necessary).

WBH is collaborating with Intermountain Healthcare (Utah Valley Hospital) to develop and provide detox/residential services for intravenous drug users discharging from the hospital with a PICC line receiving extended antibiotic treatment. This is taking place at Foothill Residential Services.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

All WBH clients receive a comprehensive bio/psych/social assessment by a licensed mental health therapist at the beginning of treatment. If the client is unable to identify a Primary Care Physician in our evaluation, clinicians offer clients information for Mountainlands, and case managers can help clients facilitate getting an appointment with Mountainlands. This is the foundation of developing an initial treatment plan to address identified needs. Ongoing assessment occurs throughout the client treatment experience as further issues unfold and client needs arise. As part of the assessment, several screening tools are used to identify and treat suicidal ideation, PTSD, mood disorders, and other behavioral health disorders. At assessment and throughout treatment, education/screenings are offered regarding HIV, TB, Hep-C, Diabetes, and other chronic conditions. The treatment plan evolves according to client needs and progress. Additionally, at each change of level of care, clients' medical issues are evaluated as part of the ASAM and DLA. WBH treatment programs incorporate physical and mental health issues in individual recovery plans as well as in groups. All programs provide education and referral for Hepatitis C, HIV and Naloxone. Case Managers complete a needs assessment with clients to identify and address barriers/needs, including wellness. Our Women's treatment programs continue screening, identifying and treating perinatal mood disorders. WBH MAT providers also screen and refer clients to address healthcare issues. WBH also offers therapeutic Yoga group to our GOP and IOP Women's groups.

Describe your efforts to incorporate wellness and wellness education into treatment plans for

children, youth and adults. Please consider social determinants of health in your response.

As part of the assessment, several screening tools are used to identify and treat suicidal ideation, PTSD, mood disorders, and other behavioral health disorders. We explore overall physical health and well being as part of our assessment. We also educate and encourage abstinence or a reduction in smoking and vaping where applicable and offer options to help. For Youth and Young Adults we use the 7 Challenges framework.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a *nicotine free environment* at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

All WBH programs are tobacco and nicotine free campuses. Clients' tobacco and nicotine use is evaluated at assessment and addressed in recovery planning. WBH has implemented smoking cessation groups at every site. All WBH clients have access to NRT via our physician. We also are able to take advantage of our close relationship to the Utah County Health Department for assistance with curricula, training, direct client services, and NRT medications. WBH has regularly scheduled administrative, clinical, and utilization oversight meetings with all treatment programs, both in-house and contracted; smoking cessation programming will be an agenda item at these meetings. We do not anticipate changes to the aforementioned for FY2023.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

All staff are educated and trained to offer comprehensive physical, substance use, and mental health care. We have a fully functional medical clinic (FQHC) integrated in two of our locations (Wespark Family Clinic & The Food and Care Coalition) in two locations. In addition, we have relationships to assist clients in receiving medical care with local medical clinics. At the Utah County Jail, we also coordinate and share space with their medical providers and (WBH) contracts with the jail to provide the mental health and substance use treatment.

13) Women's Treatment Services

Rebecca King

Form B - FY23 Amount Budgeted:	\$6,706,448	Form B - FY23 Projected clients Served:	501
Form B - Amount Budgeted in FY22 Area Plan	\$2,841,284	Form B - Projected Clients Served in FY22 Area Plan	485
Form B - Actual FY21 Expenditures Reported by Locals	\$5,403,899	Form B - Actual FY21 Clients Serviced as Reported by Locals	420

Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.

WBH provides direct treatment services to women and their children at the Promise Program. Last year we just purchased a new building at 290 East 930 South in Orem. This new building and location allowed us to vacate the building in a less than desirable location that we have been wanting to leave for several years. The Promise program provides therapeutic daycare for the children of mothers in treatment. The programs have emphasized trauma informed treatment and have modified their forms and protocols to be consistent with trauma informed care (TIC) principals. Promise staff have been extensively trained in TIC. All Promise staff have received training in Seeking Safety. Clinical practices include: Motivational Enhancement Therapy and Motivational Interviewing, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Seeking Safety, Helping Women Recover, Dialectical Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Motivational Interviewing, ASAM Placement Criteria, DLA and others.

WBH contracts with the House of Hope, Provo location to provide long-term residential treatment for women and their children. House of Hope provides therapeutic daycare, as well as clinical services for the children of mothers in treatment. While the women are receiving substance abuse treatment services, the children are receiving reciprocal services. Mother and children strengthen their relationships with one another as they work on similar goals throughout the treatment process. Programs continue to offer on-site childcare so the mothers can receive services without the burden of childcare interfering. And, the Promise program offers transportation for our intensive outpatient program to and from treatment. To increase engagement, Promise has increased the age for children approved for childcare to accommodate mothers who have older children (up to age 10), as well as offered transportation services for clients in GOP programming. All clinical staff have received enhanced training in motivational interviewing (24 hour training). Additionally, we have increased the use of EMDR. New modalities offered include Healthy Steps to Freedom (an evidenced based program to address the needs of women surrounding body image, nutrition dieting, health, etc., all of which research shows is an indicator why women relapse); and trauma yoga. Furthermore, we have added additional parenting resources. In addition to a parenting group that is curriculum based, the Promise Programs have added a parenting support group each week that mothers can talk about stressors, challenges, and connect as women parenting children. In addition, several clients are offered one on one parenting services with the Childcare specialist for more individualized support.

Each program continues to provide all services through trauma-informed care. In FY2023 we plan to continue to provide these services and increase focus on perinatal/postnatal mood disorders.

Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.

The children in WBH's Promise program and in House of Hope receive a comprehensive assessment. In the Promise program, daycare staff have been trained to recognize developmental concerns and work with the parent and treatment team to make a referral to the appropriate agency if required. House of Hope provides assessment and individual/groups services to the children through a Licensed Professional Mental Health Therapist. WBH and House of Hope have a longstanding collaboration with DCFS and have DCFS staff members attend each program meeting. In addition, WBH has a representative at every DCFS Drug Court.

Each child admitted to our program for childcare services has an assessment completed, which

identifies developmental needs. Goals are then developed with the mother and Childcare Specialist to be addressed during the period the child is in childcare services. These mothers can also receive one on one support from the Childcare Specialist in helping her to improve parenting. The childcare program is structured and developed around the developmental needs of the various ages of the children (activities for younger children versus activities for older children). The children are young (0-6, with option for up to 10), so we have not observed nor known of issues with development of SUD, though we educate the mothers extensively on this. We work very closely with those clients that have open DCFS cases, attending Child and Family Team meetings each month and reporting on progress of mother and children as observed in treatment/daycare. We do not anticipate any changes in FY2023.

Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide.

WBH/Promise case managers provide individual needs assessments focusing on recovery support services as well as groups. We have a child care program for children 6 months to 6 years. We have increased the age eligible for child care to 10 years old. Both programs provide transportation to and from treatment for clients and their children. Transportation was traditionally offered for those clients in Intensive Outpatient as their need was greatest; transportation is now offered to General Outpatient clients as well. Case management services are provided to assist women in developing self-sufficiency (transportation, employment, social support, budgeting, parenting, etc.). Additionally, Drug Court clients receive gas vouchers, bus tokens and bus passes to help remove some of the barriers for access to care and treatment.

Promise has also worked hard to start doing more telehealth for women who could not make an appointment due to childcare or transportation issues at the last minute, clients on maternity leave, etc., providing the sessions through Zoom. We also work with them to work with agencies such as DCFS, ATR, and community programs to help them obtain bus passes.

Describe any significant programmatic changes from the previous year.

None

Residential Women & Children's Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)

Rebecca King

Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.

Despite Medicaid expansion and TAM, there continues to be some gaps in coverage when an individual may no longer qualify for expansion or TAM funds. For example, many clients initially qualify for expansion Medicaid but then become employed and lose their Medicaid. WTX funding is still needed to cover personnel costs, non-Medicaid clients, and operation costs. If there are funds that can be used for expansion, more beds could be made available. Although there is no wait list for outpatient services, there is a wait list for residential beds.

Our team is available to provide clinical support for those individuals with maternal and early childhood mental health and SUD needs. These services may include medication management, specialized individual or family therapy, behavior management, skills development, or case management. When appropriate, we will pursue continued education in these areas.

Please describe the proposed use of the WTX funds
WTX funds will cover the costs of the contract with the House of hope as described above. Funds will also be used towards ongoing staff training that includes trauma-informed care and maternal mental health.
Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities
WBH will keep the contract with the House of Hope.
Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov
sent
Please demonstrate out of county utilization of the Women and Children's Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.
None

14) Adolescent (Youth) Treatment

Shanin Rapp

Form B - FY23 Amount Budgeted:	\$510,539	Form B - FY23 Projected clients Served:	121
Form B - Amount Budgeted in FY22 Area Plan	\$496,431	Form B - Projected Clients Served in FY22 Area Plan	120
Form B - Actual FY21 Expenditures Reported by Locals	\$201,408	Form B - Actual FY21 Clients Serviced as Reported by Locals	120

Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.

WBH provides screening/comprehensive assessment (including evaluation of mental health and trauma), drug testing, individual, group, and family therapy at the Youth Treatment Center (YTC). The YTC utilizes ASAM, IOP, GOP and Recovery Management to support youth in services. WBH contracts with Odyssey House for youth residential treatment when needed. YTC is staffed with 3 licensed mental health therapists and one case manager. YTC coordinates with Vantage Point to screen potential youth and refer directly to the YTC, bypassing the typical screening process. The Intention is to facilitate a warm handoff between programs.

WBH is contracted with The Seven Challenges Program to provide EBP for SUD Treatment. Seven Challenges is a comprehensive and developmentally appropriate treatment model for teens. The program is built on the stages of change model and incorporates MET and MI, RPT, TF-CBT, and

Contingency Management. We participate in quarterly support calls and an annual fidelity monitoring visit in October. All of our therapists are trained in EMDR and all staff receive 24 hours of motivational interviewing training.

Urinalysis is being collected at our lab and is now fully randomized. YTC provides family therapy to its clients and has Spanish speaking staff members to assist with language barriers with parents. This has allowed YTC to improve engagement and retention of clients. YTC is located in an area with easy access to public transportation. WBH provides SUD Treatment for the two JJS facilities in the County - Slate Canyon Youth Detention Adult Living for Transitional Achievement (ALTA), and Day Skills Intervention (DSI) in Springville. The local JJS management team is very pleased with the team approach to treatment and services provided.

Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.

The courts have been the primary referral source for Youth and the Young Adult Programs. We have coordinated discussions and collaborated with all school districts, DCFS, WBH, DSAMH, and JJS to increase referrals.

Describe collaborative efforts with mental health services and other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.

WBH is a member of the Utah County Youth Multi Agency Team. This group consists of representatives from DCFS, DJJ, SOC, SPD, and Juvenile Court and meets weekly to review individual youth/families that cross many systems. Additionally, we are part of the SOC, CWIC Team and attend the DSAMH Children's Coordinators meetings. WBH also participates weekly in a meeting with JJS to coordinate for our youth in drug court.

WBH has made continual efforts to access youth that would qualify for SUD treatment. We have identified community partners who we engage with regularly to support access to services. These include DJJ, and WBH programs Aspire and Vantage Point.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

15) Drug Court

Shanel Long

Form B - FY23 Amount Budgeted: Felony	\$1,135,894	Form B - FY22 Amount Budgeted: Felony	\$1,020,786
Form B - FY23 Amount Budgeted: Family Dep.	\$685,195	Form B - FY22 Amount Budgeted: Family Dep.	\$592,411
Form B - FY23 Amount Budgeted: Juvenile	\$94,651	Form B - FY22 Amount Budgeted: Juvenile	\$64,244
Form B - FY23 Recovery Support Budgeted	\$190,584	Form B - FY22 Recovery Support Budgeted	\$80,980

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

Fourth District Juvenile Drug Court eligibility:

1. Between the ages of 13–17.
 2. Have misdemeanor or felony charges to which they have admitted. On a case-by-case basis, those youth in the State's custody (with the Division of Juvenile Justice Services (DJJS) or the Division of Child and Family Services (DCFS)) may be screened for eligibility.
 3. Have completed a substance use assessment with WBH.
 4. Qualify for Intensive Outpatient (IOP) Treatment, ASAM Level 2.1.
 5. Have a parent or significant other adult sponsor who is willing to cooperate with and otherwise support the program.
 6. Qualify as Moderate/High risk on Juvenile Probation Risk Assessment tool (PSRA/PRA) or other risk assessment tool that may be adopted by Juvenile Justice Services or the Juvenile Courts.
- FY2023 - Estimated youth 15.

DCFS Dependency Drug Court eligibility:

1. A petition alleging abuse, neglect, or dependency has been adjudicated, with reunification services and/or a service plan ordered.
2. The parent is willing to acknowledge that substance use has affected his/her parenting ability.
3. The main parenting deficit is drug abuse.
4. The parent does not present with a severe mental illness that may impair the ability to benefit from the Drug Court program.
5. The parent does not have felony charges or convictions for violent acts that may put the Drug Court program and persons involved thereof at risk.
6. The parent does not have sex offender charges or convictions for violent acts that may put the Drug Court program and persons involved thereof at risk.
7. If the parent is on methadone or Suboxone, it must be administered and managed by Project Reality, WBH, or an approved licensed facility.
8. No other circumstances present that may render the case inappropriate from the program as determined by the Family Drug Court team. The criteria are subject to case specific determinations by the Family Drug Court team.

DCFS Drug Court will be adding a risk/needs screen as part of their eligibility. WE CURRENTLY USE THE RANT TO DETERMINE RISK/NEEDS. FY23 we plan to serve 50 clients. The length of stay in Family Drug Court continues to exceed that of Felony/Probation Drug Court - close to 18 months.

Fourth District Felony and Probation Court Eligibility: Screening Criteria:

1. Defendant lives in Utah County.
2. Defendant is employable and is a US citizen.
3. Defendant has waived preliminary hearing.
4. Defendant has not been convicted of or pending any of the following: a. Any felony violent offense or two or more misdemeanor violent offenses. b. Any felony or misdemeanor sex offense. c. A felony evading. d. A felony DUI. e. An assault on a peace officer. f. Any charge of a Class A misdemeanor or higher involving a firearm, explosives or arson. g. Any charge involving the production, distribution or intent to distribute a controlled substance (however, a current charge of possession with intent may be eligible if it meets the below criteria for drug crimes).
5. Defendant's current charge(s) are only for drug or property crimes, as described below, and at least one charge is a felony. All other non-drug or property charge(s) must be misdemeanors (e.g., DUI, false information, assault, etc.) and must be pled to and sentenced prior to entry of plea in drug court.

Property crimes: a. Defendant is charged with theft, burglary (not aggravated), credit card fraud, and forgery, other crimes listed as fraud under 76-6-501 et.seq, criminal mischief or identity theft/fraud. b.

The total restitution amount must be stipulated prior to screening (defendant will be required to make restitution payments as part of his/her plea in abeyance). c. The value of any restitution owed does not exceed \$1,000 at the time of entry of plea in drug court (any additional amounts must be paid prior to entry of plea). d. Defendant's drug problem is a significant cause or element of the property crime (i.e., the crime was committed to obtain money for drugs). e. The victim of the property crime has been contacted and does not object to the defendant entering into drug court or to receiving payments.

Drug crimes: a. Defendant is charged with possession or use of a controlled substance or prescription fraud. b. A current charge of possession with intent to distribute is eligible for drug court so long as all of the following criteria are met: (i). The "with intent" evidence is based solely upon packaging or amount of drugs, not buy/owe sheets, cutting agents, substantial amounts of cash, evidence of recent drug sales, etc. (ii). The current charge does not involve more than 1/2 ounce of meth/cocaine/heroin, more than 10 separate packages of drugs, or more than 25 pills.

6. If the defendant is on supervised probation for other charges, his/her PO and the assigned prosecutor must agree to put the defendant into drug court. If a defendant is on court probation for other charges the other judge/court and prosecutor must agree to put the defendant into drug court.

Additional Requirements:

1. After initial screening by the County Attorney's Office, AP&P will verify the following: a. Defendant has a moderate to severe drug addiction. b. Defendant has an LSI score of 24 or greater. c. Defendant is a low risk to commit a violent offense while in drug court.
2. Defendant must plead as charged, accepting charges for which we have insufficient evidence to convict (and are dismissed by the prosecutor).
3. Defendant must consent to any filed forfeiture action prior to entry of plea.
4. The Utah County Major Crimes Task Force is consulted and does not object to the defendant's entry into drug court.
5. By the entry of the plea, the defendant is not working as an informant.

We plan to serve close to 100 clients in 2023.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

As a result of both TAM and ACO Medicaid eligibility, approximately 75% of the felony and probation drug court clients received treatment services from community providers. 100% of these clients received WBH drug court case management. WBH continues to provide services to clients utilizing our continuum of care and contract providers. Case management for felonies is provided by WBH, for families through a combination of WBH and DCFS Western Region, and for youth, by Juvenile Court probation officers. Drug testing is done through WBH's in-house drug testing lab. We anticipate conducting 25,000 drug tests this year – most of which are for Drug Court clients. Testing is randomized and available on some Sundays and Holidays now. We are monitoring closely for adverse outcomes from the increased testing schedule because of transportation challenges faced by clients these days. [In addition, we now have a CLIA certified lab and can bill medicaid for these services.](#)

Treatment for all drug court clients is provided through the WBH continuum of care. This includes residential, intensive and general outpatient recovery support and recovery management services. Contracted services include House of Hope for residential treatment for women with dependent children, and Odyssey House for youth residential treatment, plus Odyssey House and First Step House for longer term adult residential treatment.

We have trained all case managers on how to assist clients in enrolling in Medicaid. We have made this

priority number 1. It is well known that getting clients enrolled in Medicaid is the most important thing we can do before we provide anything else. We have a system in place that all case managers are meeting with clients individually to enroll all who qualify into Medicaid.

Describe the MAT services available to Specialty Court participants. Please describe policies or procedures regarding use of MAT while in specialty court or for the completion of specialty court. Will services be provided directly or by a contracted provider (list contracted providers).

MAT services include an existing contract with Project Reality for methadone maintenance treatment (Soon to be Wasatch Behavioral Health Center for Opiate Recovery (COR) as mentioned above) and some higher-acuity Suboxone clients. We also contract with Kick the Habit Addiction Medicine for the services of Dr. Joel Bush for MAT services that include Suboxone, Sublocade and Vivitrol, plus co-occurring mental health treatment medication management.

Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

WBH now provides drug testing for all clients 7 days a week including holidays on a random basis as required by Drug Court certification requirements. All drug testing is completed by department staff and tested in our lab. Positive confirmation can be sent to an additional testing lab based on requests from the client or staff.

List all drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

For felony and probation drug court, fees are charged based upon our sliding scale fee and monthly max out of pocket expense for those without Medicaid. Those clients that do have Medicaid will not have a co-pay because we have a CLIA certified lab that we can bill for reimbursement.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

Drug Court fees listed above have been revised to a sliding scale fee schedule based on the poverty level.

16) Justice Services

Thomas Dunford

Form B - FY23 Amount Budgeted:	\$438,655	Form B - FY22 Amount Budgeted:	\$484,724
Describe screening to identify criminal risk factors.			
The RANT is the criminogenic risk screen used for all clients. It is completed by case managers in the 90 Day OUT program, while the Jail Transition Program utilizes the LSI-SV to determine risk levels.			
Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders.			
We provide MRT in both outpatient settings and as part of the OUT program. Additionally, we have increased access to the justice involved clients to MAT.			

As stated in #11 above, the OUT program at the Utah County Jail delivers a curriculum that targets criminogenic factors for High/ Medium Risk individuals. Additionally, Felony Drug Court, MAT, and GPS ankle monitoring is used as a behavioral prevention/intervention technique. Our targeted interventions for justice involved clients include Moral Reconation Therapy, Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral, Medication Assisted Therapy, and Eye Movement Desensitization and Reprogramming. Trauma informed treatment approaches are important for this population as well. Recovery Management includes Drug Court alumni groups as well as our ongoing ROSC activities. We also plan to use the OUT Program Community Transition Group for former participants in the OUT Program, Drug Court alumni, and Addict to Athlete as previously mentioned.

Low or Medium risk offenders are served in our alternative probation program (UCAP), a collaboration with WBH and Utah County Sheriff Deputies. This probation and case management program provides probation supervision, early intervention, and treatment for misdemeanor level charges. The Sheriff screens for criminal risk, and WBH provides screening for treatment needs, case management, early intervention, and treatment services. This is the farthest upstream in the sequential intercept model we've been able to engage people coming into contact with the criminal justice system so far. More recently, we have seen a shift in referral to this program for individuals that are not low risk. We do not anticipate significant changes in these services.

Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.

We will participate in the feedback provided by the U of U research and recommendations. Our goal is to focus on core treatment directly related to reducing or eliminating substance use. If have already started evaluating our groups that are offered in Residential, IOP and GOP. We are also looking forward to using the SURE when it becomes available later on this year.

Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.

WBH is a member of the Continuum of Care committee that meets weekly and is made up of multiple community partners. The Food and Care Coalition has an admissions meeting weekly regarding potential clients recently released from jail. A WBH staff member sits on that committee. We are also part of the Drug and Alcohol Prevention Committee of Utah County, and we participate in the suicide prevention committee at the DSAMH.

Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.

Treatment for JJS facilities in the County - Slate Canyon Youth Detention Adult Living for Transitional Achievement (ALTA), and Day Skills Intervention (DSI) in Springville. We coordinate with local JJS, DCFS, and juvenile court judges. Now that we have combined, we are able to get youth treatment at our Youth Receiving Center Vantage Point and Aspire (residential treatment for girls).

Provide data and outcomes used to evaluate Justice Services.

We participated in the U of U research and recommendations as previously stated and continue to use their feedback into our treatment programming. We are also looking forward to implementing the SURE as an outcome measure when it becomes available as a state-wide initiative through the OSAMH.

17)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

Please see MH Narrative Form A for a complete list of services and activities related to Suicide Prevention, Intervention and Postvention.

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.
2. By year 3 funding recipients shall submit a written community postvention response plan.

For those not participating in this project, please indicate, "N/A" below.

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.